

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

JUN 7 1943

Registration District No.

Primary Registration District No.

1002

2114

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Marty Clinic Hospital-815 McGee Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 Hours  
(Specify whether  
in this community 27 Years  
years, months or days)

3. (a) PRINT FULL NAME Mr. Herman W. Smith

3. (b) If veteran, name war No 3. (c) Social Security No. 486-09-1018

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Jessie M. Smith  
6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January 29 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 3 25 hr. min.  
26

9. Birthplace Braymer Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant Foreman

11. Industry or business K. C. Public Service Company

12. Name Elroy M. Smith

13. Birthplace Jonesboro Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Ida M. McCrea

15. Birthplace Braymer Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie M. Smith

(b) Address 400 North Brighton Avenue

17. (a) Burial (b) Date thereof May 20, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cowdell, Missouri

18. (a) Signature of funeral director O. W. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-26-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 400 North Brighton Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th  
year 1943 hour 4 minute 22 P. M.

21. I hereby certify that I attended the deceased from May 20 1943 to May 24th 1943  
that I last saw him alive on May 24th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia, 1 day

Due to acute decompensated

myocarditis (apical fibrillation) 2 days

Due to myocardial infarct 1 day

Other conditions (Include pregnancy within 3 months of death) 932

Major findings: Of operations 932

Of autopsy 932

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---

(b) Date of occurrence ---

(c) Where did injury occur? (City or town) (County) (State) ---

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

While at work? (Specify type of place) (e) Means of injury ---

23. Signature J. O. Locant (M. D. or other) D. O.

Address 5902 St. John Date signed 5/25/43

5482 H. John  
1-6:30

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *K. C. Newcomer*

Licensed Embalmer No. *4043*

P. O. Address. *K. C. Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**